



SHOP AND FIELD INSPECTION REPORT

Company Name					
Billing Address					
City			State		ZIP + 4
Site Location					
Person Contacted – Last Name		Person Contacted – First Name		Phone number	Purchase Order Number
Date	Inspector's Last Name	Inspector's First Name	Signed	Commission	
<input type="checkbox"/> Shop Inspection	<input type="checkbox"/> Field Inspection	<input type="checkbox"/> Other	<input type="checkbox"/> ASME Joint Review	<input type="checkbox"/> Shop Review	
<input type="checkbox"/> Manual Review	<input type="checkbox"/> R Stamp Review		<input type="checkbox"/> Rpt Writing		
Type of Inspection <input type="checkbox"/> Preliminary <input type="checkbox"/> Final					
Description of Work					
Serial Number/ N.B. Number/ State Number					
Inspection Time		Hours at		Per Hour	
Travel Time		Hours at		Per Hour	
Mileage		Type .375 in box to the right			
Transportation Charge	Description				
Subsistence (Meals and Hotel)	Description				
Other (Air Fare, Car Rental)	Description				
TOTAL					